

# Developing Global Health Link Partnerships to improve Health Capacity in Developing Countries

## An end of programme evaluation report: SUMMARY

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### Introduction

In 2006 DFID - through the Civil Society Challenge Fund (CSCF) - made a 3 year grant to THET to promote and increase Links between UK health institutions and health institutions in developing countries (DCs). This report presents the summary findings of an evaluation commissioned by THET as part of the learning process for the organisation, as well as making up the reporting requirements for the DFID CSCF grant.

### Methods

The programme was evaluated through a combination of: briefings by THET and Link Partners; review of relevant documents with regard to the CSCF; interviews, meetings and visits to UK Link Partners; interviews with DC Link Partners (4); attending Link partner meetings - general and issue specific; a purpose designed questionnaire for Links (with responses from 30 UK partners and 13 DC partners); meetings with various organisations and individuals including DFID, the Department of Health International (DHI) and Voluntary Service Overseas (VSO).

There were some limitations: No provision was made for the evaluator to visit Link partners in developing countries. However, previous experience and direct knowledge of eight of the countries enabled substantive analysis and evaluation to be made. Additionally, there was the opportunity to interview Link Partners from four DCs as well as a number of people from UK Links, and health and development institutions.

### Findings

The challenges to improving health capacity in developing countries and delivering the Millennium Development Goals (MDGs) are substantial and no one set of health policies or practices is likely to produce an adequate response. This evaluation establishes that the Global Health Link Partnerships encouraged, strengthened and co-ordinated by THET have an important role to play in this challenging process. The activities of Links are possible because of the goodwill and enthusiasm of some dedicated doctors, nurses and other health professionals from the NHS and other UK institutions. They contribute time and effort on a voluntary basis, sharing their skills with individuals and institutions in DCs on a multi-annual and often self-financing basis.

In the last three years the number of THET associated Links has grown from 34 to 96 as of March 2009. This substantive growth in the number of Links has been matched in qualitative terms with good practices from the respective countries being disseminated effectively to new and existing Link Partners in the form of lessons learned. There is no single set of best practices that can be put forward as a model for improved performance; but Health Links that function well have some common characteristics. THET has been instrumental in harnessing these experiences and sharing the information with others.

Independent knowledge gained through Links has been channelled by individuals into institutional learning. This in turn has been used to inform others and over the years the concept of Links has changed. The major change is from uncoordinated individual action to a more formalised institutional

Link, leading to Links playing a fuller role in indicating lessons learned. These learnings in turn are available to existing and future networks for the promotion of more sustainable global health links. One significant influence on this change has been the work of THET.

From the evaluation survey and the interviews conducted with UK Links formed since 2006, it is apparent that the dialogue with THET and the advisory role provided is of importance. UK Links derive valuable and substantial help from THET by way of advice, especially in the early stages of Link set-up. The initial start-up grants provided have been valuable and enabled THET to share collective knowledge and experience from the Link network and help new Links to adopt good practices from the outset, which culminate in more effective and efficient Links.

### **Training, capacity building, fact finding and monitoring**

THET has engaged with Link Partners in DCs and the UK to develop plans between THET and Links to support the strengthening of health systems. The extensive work carried out by THET with regard to monitoring and evaluation of health links has done much to develop a process for assessing the impact of Link Partnerships.

Dissemination of good practices through the establishment, coordination and facilitation of different forums in the UK and DCs has been effective and accessible. This activity led to more dialogue between partners e.g. a meeting of Links in Addis Ababa (March 2009) was the first time that all the Ethiopian and UK partners had come together – an opportunity which provided important opportunities for learning.

### **Awareness, Advocacy, Policy and Networking**

THET has played an increasingly important role with regard to further advocacy by raising awareness about Links through its website, publications newsletter and monthly e-bulletins, and by attending at least 30 events organised by other organisations such as VSO, BUILD and the Royal College of Physicians (RCP). Importantly, THET has de facto acted as representative of UK/DC Links, and substantive long-term relationships and partnerships have also been developed and strengthened with the DHI and others. THET has played an increasingly important role in creating a more encouraging environment for Links.

Much awareness-raising is carried out by individual Link Partners themselves. For example, Links have disseminated information about their activities through published articles and in TV coverage. Most Links have reported making presentations about their work at local schools, clubs, in-house talks and presentations to local organisations.

### **Relevance**

For the Links themselves the programme is highly relevant and valuable as evidenced by the surveys conducted. The fact that this is highly relevant is also demonstrated by the fact that respective Ministries of Health in a number of countries have expressed support and strongly encouraged Link partnerships.

At an individual level Links partnerships have engaged with poorer communities. For example, in Sierra Leone, discussions with communities indicated that activities carried out by the Link groups had been successful because community priorities and views on priority setting were listened to.

Many Links have helped raise awareness of rights, often raising the profile of specific health conditions and neglected groups. For example, the work of the Kintampo-North Hampshire Link has

raised the profile of mental health in Ghana. Links partners have been able to put the rights of people with mental health needs on the government agenda.

### **Effectiveness**

*Output one: Increased capacity of health workers in DCs as a result of Link relationships:* Training programmes were identified as a result of the Links' focus on needs and contextual analysis. It is evident from the survey results assessed that training has not only led to improved knowledge for the individual but has underpinned a more general set of competencies, as well as improved morale and work practices. It has also led to an increased readiness amongst health workers to take on positions of responsibility.

*Output two: Improvements in health systems as a result of Link relationships:* The scale and extent of improvements are effective to varying degrees dependant on the context and specific sets of challenges as well as the effectiveness of delivery. However it is evident that substantive improvements in health systems in many DCs have resulted through Links and THET has effectively disseminated this in the form of good practice guidance.

### **Impact**

The impacts of the THET Links programme extends beyond capacity building for improved health provision, to include a capacity to engage in the wider social and political decision making. In many cases, training programmes have meant that hospitals are staffed with more technically and professionally competent staff, who have been able to take on roles hitherto denied. The trained individuals have added status, power to influence policy and practice, and enhanced their position socially, economically and politically as well as professionally beyond the planned impact expectations.

There are a number of instances where work in difficult and sometimes dangerous environments have also shown outstanding successes attributed at least in part to the presence of Links. It would be valid to state that many have either a direct or indirect bearing on contributing towards achieving the MDGs, particularly in reducing child mortality; improving maternal health and combating many prevalent diseases.

As a result of THET coordination and dissemination of information changes have been made to the way services are designed and delivered in response to locally determined needs. Reported impacts include changes in clinical practice, technical ability, and management and administrative systems. Improved staff morale is also evident although not independently verified. It is also apparent that new and expanded services have been delivered and services strengthened.

**Efficiency:** The evaluation covering the 3 year findings have noted improved efficiency within Links as well as between Links. The principle risks identified at the outset of the Programme have been managed effectively to the extent that most are no longer considered risks. However the unforeseen risk of the recent downturn in the world economy will undoubtedly cause cut-backs.

**Equity:** The focus on improved clinical practice, systems and procedures has led to new ways of doing things and more effective use of limited resources. For example, the introduction of laparoscopy services in Tanzania has resulted in a reduction in the number of days patients stay in hospital – making service provision cheaper.

**Sustainability:** Global Health Link Partnerships are in a relatively unique position with regard to sustainability for two main reasons. Firstly, that of mutual benefit between the Link Partners - the main currency of the Link is the professional expertise and human resources available within both

organisations. Secondly, by virtue of the fact that Links partnerships benefit largely from voluntary human resource contribution and self generated financial contributions. The dependence on external finance is therefore minimised and the short-falls of official funding would tend only to slow the progress of the ongoing work of Links rather than stop it completely.

**Replicability:** The good practices which are demonstrated, documented, disseminated, and then incorporated and used by other UK and DC partners is incontrovertible evidence of replicability.

## Lessons learnt

On the strength of links:

- The UK has very well qualified health professionals, many of whom are prepared to share their skills and experience with health professionals in DCs. This personal relationship is important and the wide skill base of volunteers means most needs can be met.
- Being 'self funded' means that most Links have operated independently of grant making bodies and external sources of finance: the work of Links will continue after the end of CSCF programme funding.
- Individual Link Partners have demonstrated an enthusiasm for learning, lesson sharing and networking opportunities.
- THET and Links can act as a considerable force for positive change, policy influence and promoting greater awareness of global (health) issues.

On the limitations of links:

- Achievements towards health targets are not easily or automatically attributable to Links.
- Absolute convergence for good practices is difficult because of context specific programming
- Inappropriate and/or inadequate resources from the UK Link Partner may be unable to meet the needs and demands of the DC Partner.
- Possibility of unequal partnership and the UK partner determining the agenda of Link - supply led rather than demand driven partnerships.
- Opportunities for scaling up of existing Links can be limited.
- Issues of governance of English/Welsh/Scottish NHS Trusts.

## Recommendations

THET is a gateway to Global Health Links Partnerships information. By encouraging and facilitating the collection and sharing of data and information, THET has built up a body of knowledge and made this accessible to people involved in the promotion and practice of Health Links. Knowledge management and knowledge sharing is central to THET's promotion of Global Health Links Partnerships. The recommendations are therefore centred on using and improving this knowledge base more extensively and to greater effect to further the promotion of effective Global Health Links Partnerships.

1. **Extension of Links Partnerships in the UK:** e.g. promoting wider information campaigns on global health and the opportunities for Links involvement. Develop the relationship with the Department of Health International Health Partnership further.
2. **Extension of Global Health Links Partnerships:** e.g. THET should explore opportunities to extend DC/UK Links' good practices to other countries to stimulate Global Health Link Partnerships.
3. **Establishing in-country Links forums:** in both the UK and developing countries

4. **Coordination, facilitation and networking:** e.g. coordinate information on good practices systematically and make available to all associated Links. Encourage and coordinate the systematic transfer of lessons learned on a south to south basis. Facilitate effective development processes for Links Partners through advice, guidance and training. Use the International Health Links Funding Scheme to establish a more formal network of THET associated UK Links. Extend the role of networking to encourage more people to consider the relevance of concept and practice of Links.
5. **Membership, Repository, Information Dissemination, 'Clearing house':** e.g. encourage more Links to document good practices and consider publication of extended case studies. Examine country assistance plans/programmes, strategic direction and priorities of DFID and others and coordinate knowledge sharing amongst Links. Present evidence and demonstrate the value of good practices and the positive nature and role of Links.
6. **Advice and Advocacy:** e.g. encourage all UK Links partners to conduct an initial contextual analysis and adopt a logical project framework approach. Develop and promote a systematic and articulate advocacy strategy to encourage the adoption of good practice for existing and potential Links. Share Link experiences of good practices with DHI to encourage them to add value to DFID's health development work by supporting scaling up of training, education and employment of healthcare workers in DCs.

For a copy of the full evaluation report, please email [info@thet.org](mailto:info@thet.org)